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[13. Anesthesia and protection in an emergency cesarean section for pregnant woman infected with a novel coronavirus: case report and literature review.](#2a9c88a2-13e5-95e4-d419-51a6ae706e70-13)

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[15. Coronavirus in pregnancy and delivery: rapid review.](#afd14ee1-d778-4bbf-f3f8-5a290205c6af-15)

[16. Anesthetic management for cesarean birth in pregnancy with the novel coronavirus (COVID-19).](#a402e3db-1ff1-197a-0070-9bcf36a71e29-16)

[17. Management of maternal resuscitation and category 1 cesarean delivery in a Covid-19 suspect parturient.](#84f6b6f9-27bb-d546-16d9-dc28c7c49a5d-17)

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[19. Emergency Caesarean delivery in a patient with confirmed COVID-19 under spinal anaesthesia](#f4db6bff-b186-3dbc-b1e5-049d60fc3fdd-19)

[20. [Obstetric Anesthesia During the SARS-CoV-2 Pandemic - a Brief Overview of Published Recommendations for Action by National and International Specialist Societies and Committees].](#82c17f34-6654-d5d6-2a33-d5d992118dc8-20)

[21. Novel coronavirus SARS-CoV-2 and COVID-19. Practice recommendations for obstetric anaesthesia: what we have learned thus far.](#34ae994d-d8e6-cab0-6e15-594bc9886418-21)

[22. Obstetric Anesthesia During the COVID-19 Pandemic.](#a48086f6-d7da-545b-ab46-31e9d54e60a5-22)

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[24. Maternal and perinatal outcomes with COVID-19: A systematic review of 108 pregnancies.](#c2b4fa6a-9cab-4571-a9c9-c49bb4abf72e-24)

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[28. ISIDOG recommendations concerning COVID-19 and pregnancy](#1abd359a-0eb1-9684-4080-a1050912b8d5-28)

[29. Emergency cesarean section on severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) confirmed patient.](#6c9ae030-4ccf-7308-8eec-2f11a8c97362-29)

[30. Emergency cesarean section in an epidemic of the middle east respiratory syndrome: a case report.](#ccdc952c-613a-a4b3-b079-7c87b73beeb7-30)

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**1. Considerations and recommendations for obstetric anesthesia care during COVID-19 pandemic - Saudi anesthesia society guidelines**

**Author(s):** Alyamani O.; Abushoshah I.; Tawfeeq N.; Al Dammas F.; Algurashi F.

**Source:** Saudi Journal of Anaesthesia; 2020; vol. 14 (no. 3); p. 359-364

**Publication Date:** 2020

**Publication Type(s):** Review

Available at  [Saudi Journal of Anaesthesia](http://europepmc.org/search?query=(DOI:10.4103/sja.SJA_310_20))  - from Europe PubMed Central - Open Access

Available at  [Saudi Journal of Anaesthesia](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=47856&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=1658-354X&volume=&issue=&spage=359)  - from ProQuest (Health Research Premium) - NHS Version

Available at  [Saudi Journal of Anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Saudi Journal of Anaesthesia](https://doi.org/10.4103/sja.sja_310_20)  - from Unpaywall

**Abstract:** Introduction: Severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) emerged in Wuhan, China late 2019 and became a pandemic causing coronavirus disease 2019 (COVID-19). Despite its lower mortality rate compared to the other coronaviruses, it has a higher human-to-human transmission rate. Anesthesiologists may benefit from a review of the current evidence related to the obstetric patient with COVID-19. Method(s): We reviewed the literature for relevant articles as well as experts' opinions from related medical societies' websites. Conclusion(s): There are several anesthetic considerations in the care of pregnant women with COVID-19 due to their unique physiological changes. We provide considerations and recommendations for departmental and institutional leadership as well as the obstetric anesthesia providers. These recommendations may apply and can be edited, for future droplet or airborne based pandemics. The rapidly evolving literature makes it important to get updates directly from the relevant medical societies' websites.Copyright © 2020 Wolters Kluwer Medknow Publications. All rights reserved.

**Database:** EMBASE

**2. Spinal anaesthesia and COVID-19 transmission to anaesthetists. Response to Br J Anaesth 2020; 124: 670-5**

**Author(s):** Smiley R.

**Source:** British Journal of Anaesthesia; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

**PubMedID:** 32416991

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/lgh.html)  - from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title\_notes] : Issues before 2000 held in Archive.

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [British journal of anaesthesia](https://doi.org/10.1016/j.bja.2020.04.075)  - from Unpaywall

**Database:** EMBASE

**3. Clarifying appropriate personal protective equipment for obstetric anaesthetists amongst controversy and confusion in COVID-19**

**Author(s):** Lucas N.; Bampoe S.; Odor P.M.

**Source:** British Journal of Anaesthesia; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/lgh.html)  - from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title\_notes] : Issues before 2000 held in Archive.

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Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [British journal of anaesthesia](https://doi.org/10.1016/j.bja.2020.04.016)  - from Unpaywall

**Database:** EMBASE

**4. The importance of COVID-19 screening and testing in the obstetric patient population**

**Author(s):** Hoyler M.M.; Abramovitz S.; Aaronson J.; White R.S.

**Source:** Journal of Clinical Anesthesia; Nov 2020; vol. 66

**Publication Date:** Nov 2020

**Publication Type(s):** Letter

**PubMedID:** 32480211

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Journal of clinical anesthesia](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7253998)  - from Unpaywall

**Database:** EMBASE

**5. Delivery in pregnant women infected with SARS-CoV-2: A fast review.**

**Author(s):** Parazzini, Fabio; Bortolus, Renata; Mauri, Paola Agnese; Favilli, Alessandro; Gerli, Sandro; Ferrazzi, Enrico

**Source:** International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Jul 2020; vol. 150 (no. 1); p. 41-46

**Publication Date:** Jul 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32271947

Available at  [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Ffull%2F10.1002%2Fijgo.13166)  - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at  [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](https://obgyn.onlinelibrary.wiley.com/doi/pdfdirect/10.1002/ijgo.13166)  - from Unpaywall

**Abstract:** BACKGROUNDFew case reports and clinical series exist on pregnant women infected with SARS-CoV-2 who delivered.OBJECTIVETo review the available information on mode of delivery, vertical/peripartum transmission, and neonatal outcome in pregnant women infected with SARS-CoV-2.SEARCH STRATEGYCombination of the following key words: COVID-19, SARS-CoV-2, and pregnancy in Embase and PubMed databases.SELECTION CRITERIAPapers reporting cases of women infected with SARS-CoV-2 who delivered.DATA COLLECTION AND ANALYSISThe following was extracted: author; country; number of women; study design; gestational age at delivery; selected clinical maternal data; mode of delivery; selected neonatal outcomes.MAIN RESULTSIn the 13 studies included, vaginal delivery was reported in 6 cases (9.4%; 95% CI, 3.5-19.3). Indication for cesarean delivery was worsening of maternal conditions in 31 cases (48.4%; 95% CI, 35.8-61.3). Two newborns testing positive for SARS-CoV-2 by real-time RT-PCR assay were reported. In three neonates, SARS-CoV-2 IgG and IgM levels were elevated but the RT-PCR test was negative.CONCLUSIONSThe rate of vertical or peripartum transmission of SARS-CoV-2 is low, if any, for cesarean delivery; no data are available for vaginal delivery. Low frequency of spontaneous preterm birth and general favorable immediate neonatal outcome are reassuring.

**Database:** Medline

**6. Editorial: Obstetric anesthesia and COVID 19 times.**

**Author(s):** Guasch, Dr Emilia

**Source:** Current opinion in anaesthesiology; Jun 2020; vol. 33 (no. 3); p. 271

**Publication Date:** Jun 2020

**Publication Type(s):** Editorial

**PubMedID:** 32371647

Available at  [Current opinion in anaesthesiology](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Current opinion in anaesthesiology](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

**Database:** Medline

**7. Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study.**

**Author(s):** Knight, Marian; Bunch, Kathryn; Vousden, Nicola; Morris, Edward; Simpson, Nigel; Gale, Chris; O'Brien, Patrick; Quigley, Maria; Brocklehurst, Peter; Kurinczuk, Jennifer J; UK Obstetric Surveillance System SARS-CoV-2 Infection in Pregnancy Collaborative Group

**Source:** BMJ (Clinical research ed.); Jun 2020; vol. 369 ; p. m2107

**Publication Date:** Jun 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32513659

Available at  [BMJ (Clinical research ed.)](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fwww.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fbmj.m2107)  - from BMJ Journals - NHS

Available at  [BMJ (Clinical research ed.)](https://www.bmj.com/content/bmj/369/bmj.m2107.full.pdf)  - from Unpaywall

**Abstract:** OBJECTIVESTo describe a national cohort of pregnant women admitted to hospital with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in the UK, identify factors associated with infection, and describe outcomes, including transmission of infection, for mothers and infants.DESIGNProspective national population based cohort study using the UK Obstetric Surveillance System (UKOSS).SETTINGAll 194 obstetric units in the UK.PARTICIPANTS427 pregnant women admitted to hospital with confirmed SARS-CoV-2 infection between 1 March 2020 and 14 April 2020.MAIN OUTCOME MEASURESIncidence of maternal hospital admission and infant infection. Rates of maternal death, level 3 critical care unit admission, fetal loss, caesarean birth, preterm birth, stillbirth, early neonatal death, and neonatal unit admission.RESULTSThe estimated incidence of admission to hospital with confirmed SARS-CoV-2 infection in pregnancy was 4.9 (95% confidence interval 4.5 to 5.4) per 1000 maternities. 233 (56%) pregnant women admitted to hospital with SARS-CoV-2 infection in pregnancy were from black or other ethnic minority groups, 281 (69%) were overweight or obese, 175 (41%) were aged 35 or over, and 145 (34%) had pre-existing comorbidities. 266 (62%) women gave birth or had a pregnancy loss; 196 (73%) gave birth at term. Forty one (10%) women admitted to hospital needed respiratory support, and five (1%) women died. Twelve (5%) of 265 infants tested positive for SARS-CoV-2 RNA, six of them within the first 12 hours after birth.CONCLUSIONSMost pregnant women admitted to hospital with SARS-CoV-2 infection were in the late second or third trimester, supporting guidance for continued social distancing measures in later pregnancy. Most had good outcomes, and transmission of SARS-CoV-2 to infants was uncommon. The high proportion of women from black or minority ethnic groups admitted with infection needs urgent investigation and explanation.STUDY REGISTRATIONISRCTN 40092247.

**Database:** Medline

**8. Safety and efficacy of different anesthetic regimens for parturients with COVID-19 undergoing Cesarean delivery: a case series of 17 patients.**

**Author(s):** Chen, Rong; Zhang, Yuan; Huang, Lei; Cheng, Bi-Heng; Xia, Zhong-Yuan; Meng, Qing-Tao

**Source:** Canadian journal of anaesthesia = Journal canadien d'anesthesie; Jun 2020; vol. 67 (no. 6); p. 655-663

**Publication Date:** Jun 2020

**Publication Type(s):** Comparative Study Journal Article

**PubMedID:** 32180175

Available at  [Canadian journal of anaesthesia = Journal canadien d'anesthesie](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Canadian journal of anaesthesia = Journal canadien d'anesthesie](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Canadian journal of anaesthesia = Journal canadien d'anesthesie](https://link.springer.com/content/pdf/10.1007/s12630-020-01630-7.pdf)  - from Unpaywall

**Abstract:** PURPOSETo assess the management and safety of epidural or general anesthesia for Cesarean delivery in parturients with coronavirus disease (COVID-19) and their newborns, and to evaluate the standardized procedures for protecting medical staff.METHODSWe retrospectively reviewed the cases of parturients diagnosed with severe acute respiratory syndrome coronavirus (SARS-CoV-2) infection disease (COVID-19). Their epidemiologic history, chest computed tomography scans, laboratory measurements, and SARS-CoV-2 nucleic acid positivity were evaluated. We also recorded the patients' demographic and clinical characteristics, anesthesia and surgery-related data, maternal and neonatal complications, as well as the health status of the involved medical staff.RESULTSThe clinical characteristics of 17 pregnant women infected with SARS-CoV-2 were similar to those previously reported in non-pregnant adult patients. All of the 17 patients underwent Cesarean delivery with anesthesia performed according to standardized anesthesia/surgery procedures. Fourteen of the patients underwent continuous epidural anesthesia with 12 experiencing significant intraoperative hypotension. Three patients received general anesthesia with tracheal intubation because emergency surgery was needed. Three of the parturients are still recovering from their Cesarean delivery and are receiving in-hospital treatment for COVID-19. Three neonates were born prematurely. There were no deaths or serious neonatal asphyxia events. All neonatal SARS-CoV-2 nucleic acid tests were negative. No medical staff were infected throughout the patient care period.CONCLUSIONSBoth epidural and general anesthesia were safely used for Cesarean delivery in the parturients with COVID-19. Nevertheless, the incidence of hypotension during epidural anesthesia appeared excessive. Proper patient transfer, medical staff access procedures, and effective biosafety precautions are important to protect medical staff from COVID-19.

**Database:** Medline

**9. Correction to the article "Cesarean Section in a Pregnant Woman with COVID-19: First Case in Portugal", published on Acta Med Port 2020 Jun;33(6):429-431.**

**Author(s):** Lyra, Joana; Valente, Rita; Rosário, Marta; Guimarães, Mariana

**Source:** Acta medica portuguesa; Jun 2020; vol. 33 (no. 6); p. 449

**Publication Date:** Jun 2020

**Publication Type(s):** Published Erratum Journal Article

**PubMedID:** 32504525

Available at  [Acta medica portuguesa](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32504525)  - from EBSCO (MEDLINE Complete)

Available at  [Acta medica portuguesa](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Acta medica portuguesa](https://www.actamedicaportuguesa.com/revista/index.php/amp/article/download/14039/5983)  - from Unpaywall

**Database:** Medline

**10. Spinal anaesthesia for patients with coronavirus disease 2019 and possible transmission rates in anaesthetists: retrospective, single-centre, observational cohort study**

**Author(s):** Zhong Q.; Liu Y.Y.; Luo Q.; Zou Y.F.; Jiang H.X.; Li H.; Zhang J.J.; Li Z.; Yang X.; Ma M.; Tang L.J.; Chen Y.Y.; Zheng F.; Ke J.J.; Zhang Z.Z.

**Source:** British Journal of Anaesthesia; Jun 2020; vol. 124 (no. 6); p. 670-675

**Publication Date:** Jun 2020

**Publication Type(s):** Article

**PubMedID:** 32234250

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/lgh.html)  - from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title\_notes] : Issues before 2000 held in Archive.

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [British journal of anaesthesia](https://doi.org/10.1016/j.bja.2020.03.007)  - from Unpaywall

**Abstract:** Background: The safety of performing spinal anaesthesia for both patients and anaesthetists alike in the presence of active infection with the novel coronavirus disease 2019 (COVID-19) is unclear. Here, we report the clinical characteristics and outcomes for both patients with COVID-19 and the anaesthetists who provided their spinal anaesthesia. Method(s): Forty-nine patients with radiologically confirmed COVID-19 for Caesarean section or lower-limb surgery undergoing spinal anaesthesia in Zhongnan Hospital, Wuhan, China participated in this retrospective study. Clinical characteristics and perioperative outcomes were recorded. For anaesthesiologists exposed to patients with COVID-19 by providing spinal anaesthesia, the level of personal protective equipment (PPE) used, clinical outcomes (pulmonary CT scans), and confirmed COVID-19 transmission rates (polymerase chain reaction [PCR]) were reviewed. Result(s): Forty-nine patients with COVID-19 requiring supplementary oxygen before surgery had spinal anaesthesia (ropivacaine 0.75%), chiefly for Caesarean section (45/49 [91%]). Spinal anaesthesia was not associated with cardiorespiratory compromise intraoperatively. No patients subsequently developed severe pneumonia. Of 44 anaesthetists, 37 (84.1%) provided spinal anaesthesia using Level 3 PPE. Coronavirus disease 2019 infection was subsequently confirmed by PCR in 5/44 (11.4%) anaesthetists. One (2.7%) of 37 anaesthetists who wore Level 3 PPE developed PCR-confirmed COVID-19 compared with 4/7 (57.1%) anaesthetists who had Level 1 protection in the operating theatre (relative risk reduction: 95.3% [95% confidence intervals: 63.7-99.4]; P<0.01). Conclusion(s): Spinal anaesthesia was delivered safely in patients with active COVID-19 infection, the majority of whom had Caesarean sections. Level 3 PPE appears to reduce the risk of transmission to anaesthetists who are exposed to mildly symptomatic surgical patients.Copyright © 2020 British Journal of Anaesthesia

**Database:** EMBASE

**11. COVID-19: Obstetric anesthesia care considerations.**

**Author(s):** Herman, Jared A; Urits, Ivan; Kaye, Alan D; Urman, Richard D; Viswanath, Omar

**Source:** Journal of clinical anesthesia; May 2020; vol. 65 ; p. 109860

**Publication Date:** May 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32417620

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Journal of clinical anesthesia](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7211750)  - from Unpaywall

**Database:** Medline

**12. Telehealth for High-Risk Pregnancies in the Setting of the COVID-19 Pandemic.**

**Author(s):** Aziz, Aleha; Zork, Noelia; Aubey, Janice J; Baptiste, Caitlin D; D'Alton, Mary E; Emeruwa, Ukachi N; Fuchs, Karin M; Goffman, Dena; Gyamfi-Bannerman, Cynthia; Haythe, Jennifer H; LaSala, Anita P; Madden, Nigel; Miller, Eliza C; Miller, Russell S; Monk, Catherine; Moroz, Leslie; Ona, Samsiya; Ring, Laurence E; Sheen, Jean-Ju; Spiegel, Erica S; Simpson, Lynn L; Yates, Hope S; Friedman, Alexander M

**Source:** American journal of perinatology; May 2020

**Publication Date:** May 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32396948

Available at  [American journal of perinatology](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [American journal of perinatology](http://www.thieme-connect.de/products/ejournals/pdf/10.1055/s-0040-1712121.pdf)  - from Unpaywall

**Abstract:** As New York City became an international epicenter of the novel coronavirus disease 2020 (COVID-19) pandemic, telehealth was rapidly integrated into prenatal care at Columbia University Irving Medical Center, an academic hospital system in Manhattan. Goals of implementation were to consolidate in-person prenatal screening, surveillance, and examinations into fewer in-person visits while maintaining patient access to ongoing antenatal care and subspecialty consultations via telehealth virtual visits. The rationale for this change was to minimize patient travel and thus risk for COVID-19 exposure. Because a large portion of obstetric patients had underlying medical or fetal conditions placing them at increased risk for adverse outcomes, prenatal care telehealth regimens were tailored for increased surveillance and/or counseling. Based on the incorporation of telehealth into prenatal care for high-risk patients, specific recommendations are made for the following conditions, clinical scenarios, and services: (1) hypertensive disorders of pregnancy including preeclampsia, gestational hypertension, and chronic hypertension; (2) pregestational and gestational diabetes mellitus; (3) maternal cardiovascular disease; (4) maternal neurologic conditions; (5) history of preterm birth and poor obstetrical history including prior stillbirth; (6) fetal conditions such as intrauterine growth restriction, congenital anomalies, and multiple gestations including monochorionic placentation; (7) genetic counseling; (8) mental health services; (9) obstetric anesthesia consultations; and (10) postpartum care. While telehealth virtual visits do not fully replace in-person encounters during prenatal care, they do offer a means of reducing potential patient and provider exposure to COVID-19 while providing consolidated in-person testing and services. KEY POINTS: · Telehealth for prenatal care is feasible.. · Telehealth may reduce coronavirus exposure during prenatal care.. · Telehealth should be tailored for high risk prenatal patients..

**Database:** Medline

**13. Anesthesia and protection in an emergency cesarean section for pregnant woman infected with a novel coronavirus: case report and literature review.**

**Author(s):** Du, Yin; Wang, Long; Wu, Gang; Lei, Xiaoming; Li, Wei; Lv, Jianrui

**Source:** Journal of anesthesia; May 2020

**Publication Date:** May 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32430561

Available at  [Journal of anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Journal of anesthesia](https://link.springer.com/content/pdf/10.1007/s00540-020-02796-6.pdf)  - from Unpaywall

**Abstract:** An outbreak of novel coronavirus pneumonia occurred worldwide since December 2019, which had been named COVID-19 subsequently. It is extremely transmissive that infection in pregnant women were unavoidable. The delivery process will produce large amount of contaminated media, leaving a challenge for medical personnel to ensure both the safety of the mother and infant and good self-protection. Only rare cases of pregnant women with COVID-19 are available for reference. Here, we report a 30-year-old woman had reverse transcription polymerase chain reaction-confirmed COVID-19 at 36 weeks 2 days of gestation. Significant low and high variability of fetal heart rate baseline and severe variable decelerations were repeated after admission. An emergency cesarean section at 37 weeks 1 day of gestation under combined spinal and epidural anesthesia was performed with strict protection for all personnel. Anesthesia and operation went uneventfully. None of the participants were infected. We can conclude that when confronted with cesarean section in parturient with COVID-19, careful planning and detailed preparation can improve the safety of the mother and infant and reduce the risk of infection for medical staff to help preventing and controlling the epidemic.

**Database:** Medline

**14. Complications and outcomes of SARS-CoV-2 in pregnancy: where and what is the evidence?**

**Author(s):** Teles Abrao Trad, Ayssa; Ibirogba, Eniola R; Elrefaei, Amro; Narang, Kavita; Tonni, Gabriele; Picone, Olivier; Suy, Anna; Carreras Moratonas, Elena; Kilby, Mark D; Ruano, Rodrigo

**Source:** Hypertension in pregnancy; May 2020 ; p. 1-9

**Publication Date:** May 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32456489

Available at  [Hypertension in pregnancy](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Hypertension in pregnancy](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

**Abstract:** OBJECTIVESTo add to the growing evidence on SARS-CoV-2 infection during pregnancy, so as to better inform clinical decision making and optimize patient outcomes.METHODSA systematic search of relevant databases was perfomed on 25 March 2020 and a repeat search, on 10 April 2020. Reports of pregnant patients with SARS-CoV-2 infection at any time during their pregnancy were reviewed and summarized .RESULTSWe summarized the outcomes of a total of 155 pregnant women and 118 neonates. The evidence suggests a similar rate of severe COVID-19 cases in pregnant women and the general population. The frequency of cesarean deliveries is high, against guidelines recommendations.CONCLUSIONLimited data on COVID-19 during preganacy, associated with a wide variation in the methodology make accurate data interpretation difficult.

**Database:** Medline

**15. Coronavirus in pregnancy and delivery: rapid review.**

**Author(s):** Mullins, E; Evans, D; Viner, R M; O'Brien, P; Morris, E

**Source:** Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology; May 2020; vol. 55 (no. 5); p. 586-592

**Publication Date:** May 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32180292

Available at  [Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology](https://onlinelibrary.wiley.com/doi/full/10.1002/uog.22014)  - from Wiley Online Library

Available at  [Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology](https://obgyn.onlinelibrary.wiley.com/doi/pdfdirect/10.1002/uog.22014)  - from Unpaywall

**Abstract:** OBJECTIVESThere are limited case series reporting the impact on women affected by coronavirus during pregnancy. In women affected by severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), the case fatality rate appears higher in those affected in pregnancy compared with non-pregnant women. We conducted a rapid review to guide health policy and management of women affected by COVID-19 during pregnancy, which was used to develop the Royal College of Obstetricians and Gynaecologists' (RCOG) guidelines on COVID-19 infection in pregnancy.METHODSSearches were conducted in PubMed and MedRxiv to identify primary case reports, case series, observational studies and randomized controlled trials describing women affected by coronavirus in pregnancy. Data were extracted from relevant papers. This review has been used to develop guidelines with representatives of the Royal College of Paediatrics and Child Health (RCPCH) and RCOG who provided expert consensus on areas in which data were lacking.RESULTSFrom 9965 search results in PubMed and 600 in MedRxiv, 21 relevant studies, all of which were case reports or case series, were identified. From reports of 32 women to date affected by COVID-19 in pregnancy, delivering 30 babies (one set of twins, three ongoing pregnancies), seven (22%) were asymptomatic and two (6%) were admitted to the intensive care unit (ICU), one of whom remained on extracorporeal membrane oxygenation. No maternal deaths have been reported to date. Delivery was by Cesarean section in 27 cases and by vaginal delivery in two, and 15 (47%) delivered preterm. There was one stillbirth and one neonatal death. In 25 babies, no cases of vertical transmission were reported; 15 were reported as being tested with reverse transcription polymerase chain reaction after delivery. Case fatality rates for SARS and MERS were 15% and 27%, respectively. SARS was associated with miscarriage or intrauterine death in five cases, and fetal growth restriction was noted in two ongoing pregnancies affected by SARS in the third trimester.CONCLUSIONSSerious morbidity occurred in 2/32 women with COVID-19, both of whom required ICU care. Compared with SARS and MERS, COVID-19 appears less lethal, acknowledging the limited number of cases reported to date and that one woman remains in a critical condition. Preterm delivery affected 47% of women hospitalized with COVID-19, which may put considerable pressure on neonatal services if the UK's reasonable worst-case scenario of 80% of the population being affected is realized. Based on this review, RCOG, in consultation with RCPCH, developed guidance for delivery and neonatal care in pregnancies affected by COVID-19, which recommends that delivery mode be determined primarily by obstetric indication and recommends against routine separation of affected mothers and their babies. We hope that this review will be helpful for maternity and neonatal services planning their response to COVID-19. © 2020 The Authors. Ultrasound in Obstetrics & Gynecology published by John Wiley & Sons Ltd on behalf of the International Society of Ultrasound in Obstetrics and Gynecology.

**Database:** Medline

**16. Anesthetic management for cesarean birth in pregnancy with the novel coronavirus (COVID-19).**

**Author(s):** Yilmaz, Resul; Kiliç, Fatma; Arican, Şule; Hacibeyoğlu, Gülçin; Süslü, Halime; Koyuncu, Mustafa; Tuncer Uzun, Sema

**Source:** Journal of clinical anesthesia; May 2020; vol. 66 ; p. 109921

**Publication Date:** May 2020

**Publication Type(s):** Letter

**PubMedID:** 32485541

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Journal of clinical anesthesia](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7250746)  - from Unpaywall

**Database:** Medline

**17. Management of maternal resuscitation and category 1 cesarean delivery in a Covid-19 suspect parturient.**

**Author(s):** Oh, Ting Ting; Lew, Eileen; Sng, Ban Leong

**Source:** Journal of clinical anesthesia; May 2020; vol. 66 ; p. 109909

**Publication Date:** May 2020

**Publication Type(s):** Letter

**PubMedID:** 32504965

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Journal of clinical anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Journal of clinical anesthesia](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7245265)  - from Unpaywall

**Database:** Medline

**18. Anesthesia and infection control in cesarean section of pregnant women with COVID-19 infection: A descriptive study.**

**Author(s):** Yue, Linli; Han, Lefei; Li, Qiannan; Zhong, Min; Wang, Jun; Wan, Zhenzhen; Chu, Caijuan; Zeng, Yi; Peng, Min; Li, Na; Yang, Lin

**Source:** Journal of clinical anesthesia; May 2020; vol. 66 ; p. 109908

**Publication Date:** May 2020

**Publication Type(s):** Letter

**PubMedID:** 32504964

Available at  [Journal of Clinical Anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Journal of Clinical Anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Journal of Clinical Anesthesia](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7253971)  - from Unpaywall

**Database:** Medline

**19. Emergency Caesarean delivery in a patient with confirmed COVID-19 under spinal anaesthesia**

**Author(s):** Xia H.; Zhao S.; Wu Z.; Chen X.; Luo H.; Zhou C.

**Source:** British Journal of Anaesthesia; May 2020; vol. 124 (no. 5)

**Publication Date:** May 2020

**Publication Type(s):** Letter

**PubMedID:** 32192711

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/lgh.html)  - from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title\_notes] : Issues before 2000 held in Archive.

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [British journal of anaesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [British journal of anaesthesia](https://doi.org/10.1016/j.bja.2020.02.016)  - from Unpaywall

**Database:** EMBASE

**20. [Obstetric Anesthesia During the SARS-CoV-2 Pandemic - a Brief Overview of Published Recommendations for Action by National and International Specialist Societies and Committees].**

**Author(s):** Kranke, Peter; Weibel, Stephanie; Sitter, Magdalena; Meybohm, Patrick; Girard, Thierry

**Source:** Anasthesiologie, Intensivmedizin, Notfallmedizin, Schmerztherapie : AINS; Apr 2020; vol. 55 (no. 4); p. 266-274

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32274774

Available at  [Anasthesiologie, Intensivmedizin, Notfallmedizin, Schmerztherapie : AINS](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Anasthesiologie, Intensivmedizin, Notfallmedizin, Schmerztherapie : AINS](http://www.thieme-connect.de/products/ejournals/pdf/10.1055/a-1144-5562.pdf)  - from Unpaywall

**Abstract:** The most common human corona viruses cause common colds. But three of these viruses cause more serious, acute diseases; Middle East Respiratory Syndrome (MERS by MERS-CoV), Severe Acute Respiratory Syndrome (SARS) by SARS-CoV and COVID-19 by SARS-CoV-2. The current outbreak was classified by the WHO as a "global public health emergency". Despite all efforts to reduce the surgical lists and to cancel or postpone non-time-critical surgical interventions, some surgical and anesthetic interventions outside of intensive care medicine are still necessary and must be performed. This is particularly true for obstetric interventions and neuraxial labor analgesia. Workload in the delivery room is presumably not going to decrease and planned cesarean sections cannot be postponed. In the meantime, the clinical course and outcome of some COVID-19 patients with an existing pregnancy or peripartum courses have been reported. There are already numerous recommendations from national and international bodies regarding the care of such patients. Some of these recommendations will be summarized in this manuscript. The selection of aspects should by no means be seen as a form of prioritization. The general treatment principles in dealing with COVID-19 patients and the recommendations for action in intensive care therapy also apply to pregnant and postpartum patients. In this respect, there are naturally considerable redundancies and only a few aspects apply strictly or exclusively to the cohort of obstetric patients. In summary, at present it must be stated that the general care recommendations that also apply to non-COVID-19 patients are initially valid with regard to obstetric anesthesia. Nevertheless, the special requirements on the part of hygiene and infection protection result in special circumstances that should be taken into account when caring for pregnant patients from an anesthetic point of view. These relate to both medical aspects, but also to a particular extent logistics issues with regard to spatial separation, staffing and material resources.

**Database:** Medline

**21. Novel coronavirus SARS-CoV-2 and COVID-19. Practice recommendations for obstetric anaesthesia: what we have learned thus far.**

**Author(s):** Bampoe, S; Odor, P M; Lucas, D N

**Source:** International journal of obstetric anesthesia; Apr 2020; vol. 43 ; p. 1-8

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32437912

Available at  [International journal of obstetric anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [International journal of obstetric anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [International journal of obstetric anesthesia](https://doi.org/10.1016/j.ijoa.2020.04.006)  - from Unpaywall

**Abstract:** SARS-CoV-2 is a novel coronavirus causing a global pandemic of a severe respiratory illness known as COVID-19. To date, globally, over 30,000 people have died from this emerging disease. As clinicians and healthcare systems around the world are rapidly adapting to manage patients with COVID-19, limited data are emerging from different patient populations to support best-practice and improve outcomes. In this review, we present a summary of emerging data in the obstetric population and offer obstetric and anaesthetic clinicians around the world a set of evidence-driven, practice-based recommendations for the anaesthetic management of pregnant women with suspected or confirmed COVID-19.

**Database:** Medline

**22. Obstetric Anesthesia During the COVID-19 Pandemic.**

**Author(s):** Bauer, Melissa; Bernstein, Kyra; Dinges, Emily; Delgado, Carlos; El-Sharawi, Nadir; Sultan, Pervez; Mhyre, Jill M; Landau, Ruth

**Source:** Anesthesia and analgesia; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32265365

Available at  [Anesthesia and analgesia](https://go.openathens.net/redirector/nhs?url=http%3A%2F%2Fovidsp.ovid.com%2Fovidweb.cgi%3FT%3DJS%26PAGE%3Dfulltext%26D%3Dovft%26CSC%3DY%26NEWS%3DN%26SEARCH%3D0003-2999.is%2Band%2B%22131%22.vo%2Band%2B%221%22.ip%2Band%2B%227%22.pg%2Bor%2B%2210.1213%2FANE.0000000000004856%22.di)  - from Ovid (Journals @ Ovid)

Available at  [Anesthesia and analgesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Anesthesia and analgesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Anesthesia and analgesia](https://journals.lww.com/anesthesia-analgesia/Abstract/9000/Obstetric_Anesthesia_During_the_COVID_19_Pandemic.95696.aspx)  - from Unpaywall

**Abstract:** With increasing numbers of Coronavirus Disease 2019 (COVID 19) cases due to efficient human-to-human transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the United States, preparation for the unpredictable setting of labor and delivery is paramount. The priorities are two-fold in the management of obstetric patients with COVID-19 infection or persons under investigation (PUI): (1) caring for the range of asymptomatic to critically ill pregnant and postpartum women; (2) protecting health care workers and beyond from exposure during the delivery hospitalization (health care providers, personnel, family members). The goal of this review is to provide evidence-based recommendations, or expert opinion when evidence is limited, for anesthesiologists caring for pregnant women during the COVID 19 pandemic, with a focus on preparedness and best clinical obstetric anesthesia practice.

**Database:** Medline

**23. Considerations and strategies in the organisation of obstetric anaesthesia care during the 2019 COVID-19 outbreak in Singapore.**

**Author(s):** Lee, J S E; Goy, R W L; Sng, B L; Lew, E

**Source:** International journal of obstetric anesthesia; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32386993

Available at  [International journal of obstetric anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [International journal of obstetric anesthesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [International journal of obstetric anesthesia](https://doi.org/10.1016/j.ijoa.2020.04.003)  - from Unpaywall

**Abstract:** The provision of safe obstetric anaesthesia services is essential during the COVID-19 global outbreak. The identification of the 'high-infection risk' parturient can be challenging especially with the rapidly changing risk criteria for COVID-19 'cases'. A multidisciplinary taskforce is required to review the infection control protocols and workflows for managing the parturient for labour analgesia and for Caesarean section in order to minimize infection risk to healthcare staff and other parturients. A constant review of such processes is needed to enhance efficiency and to optimise use of finite resources. Good communication between health officials, institutional leadership and ground staff is essential for the dissemination of information.

**Database:** Medline

**24. Maternal and perinatal outcomes with COVID-19: A systematic review of 108 pregnancies.**

**Author(s):** Zaigham, Mehreen; Andersson, Ola

**Source:** Acta obstetricia et gynecologica Scandinavica; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32259279

Available at  [Acta obstetricia et gynecologica Scandinavica](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Ffull%2F10.1111%2Faogs.13867)  - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at  [Acta obstetricia et gynecologica Scandinavica](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Acta obstetricia et gynecologica Scandinavica](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Acta obstetricia et gynecologica Scandinavica](https://obgyn.onlinelibrary.wiley.com/doi/pdfdirect/10.1111/aogs.13867)  - from Unpaywall

**Abstract:** INTRODUCTIONThe pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has exposed vulnerable populations to an unprecedented global health crisis. The knowledge gained from previous human coronavirus outbreaks suggests that pregnant women and their fetuses are particularly susceptible to poor outcomes. The objective of this study was to summarize the clinical manifestations and maternal and perinatal outcomes of COVID-19 during pregnancy.MATERIAL AND METHODSWe searched databases for all case reports and series from 12 February to 4 April 2020. Multiple terms and combinations were used including COVID-19, pregnancy, maternal mortality, maternal morbidity, complications, clinical manifestations, neonatal morbidity, intrauterine fetal death, neonatal mortality and SARS-CoV-2. Eligibility criteria included peer-reviewed publications written in English or Chinese and quantitative real-time polymerase chain reaction (PCR) or dual fluorescence PCR-confirmed SARS-CoV-2 infection. Unpublished reports, unspecified date and location of the study or suspicion of duplicate reporting, cases with suspected COVID-19 that were not confirmed by a laboratory test, and unreported maternal or perinatal outcomes were excluded. Data on clinical manifestations, maternal and perinatal outcomes including vertical transmission were extracted and analyzed.RESULTSEighteen articles reporting data from 108 pregnancies between 8 December 2019 and 1 April 2020 were included in the current study. Most reports described women presenting in the third trimester with fever (68%) and coughing (34%). Lymphocytopenia (59%) with elevated C-reactive protein (70%) was observed and 91% of the women were delivered by cesarean section. Three maternal intensive care unit admissions were noted but no maternal deaths. One neonatal death and one intrauterine death were also reported.CONCLUSIONSAlthough the majority of mothers were discharged without any major complications, severe maternal morbidity as a result of COVID-19 and perinatal deaths were reported. Vertical transmission of the COVID-19 could not be ruled out. Careful monitoring of pregnancies with COVID-19 and measures to prevent neonatal infection are warranted.

**Database:** Medline

**25. A practice of anesthesia scenario design for emergency cesarean section in patients with COVID-19 infection based on the role of standard patient.**

**Author(s):** Kang, Yin; Deng, Longjiao; Zhang, Dengwen; Wang, Yuehong; Wang, Gang; Mei, Li; Zhou, Guobin; Shu, Haihua

**Source:** Bioscience trends; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32321903

Available at  [Bioscience trends](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32321903)  - from EBSCO (MEDLINE Complete)

Available at  [Bioscience trends](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Bioscience trends](https://www.jstage.jst.go.jp/article/bst/advpub/0/advpub_2020.03066/_pdf)  - from Unpaywall

**Abstract:** The new coronavirus (COVID-19) has been characterized as a world pandemic by WHO since March 11, 2020. Although it is likely that COVID-19 transmission is primarily via droplets and close contact, airborne transmission and fecal-oral route remains a possibility. The medical staff working in the operating room, such as anesthesiologists, surgeons and nurses, are at high risk of exposure to virus due to closely contacting patients. The perioperative management is under great challenge while performing surgeries for patients suffering COVID-19, including emergency cesarean section, which is one of the most common surgeries under such circumstances. How to prevent medical staff from cross-infection is an issue of great concern. In this article, we give a practice of anesthesia scenario design for emergency cesarean section in a supposed standard patient suffering COVID-19, aimed to optimize the work flow and implement the protective details through simulation of a real operation scenario, which may be useful for training and clinical practice of anesthesia management for patients suffering COVID-19 or other fulminating infectious diseases.

**Database:** Medline

**26. Spinal anesthesia for Cesarean delivery in women with COVID-19 infection: questions regarding the cause of hypotension.**

**Author(s):** Benhamou, Dan; Meyer, Hawa Keita; Morau, Estelle; Chassard, Dominique; Mercier, Frédéric J; French Obstetric Anesthesia Working Group (Club Anesthésie-Réanimation en Obstétrique [CARO])

**Source:** Canadian journal of anaesthesia = Journal canadien d'anesthesie; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Letter

**PubMedID:** 32342348

Available at  [Canadian journal of anaesthesia = Journal canadien d'anesthesie](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Canadian journal of anaesthesia = Journal canadien d'anesthesie](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [Canadian journal of anaesthesia = Journal canadien d'anesthesie](https://link.springer.com/content/pdf/10.1007/s12630-020-01663-y.pdf)  - from Unpaywall

**Database:** Medline

**27. Care of the pregnant woman with coronavirus disease 2019 in labor and delivery: anesthesia, emergency cesarean delivery, differential diagnosis in the acutely ill parturient, care of the newborn, and protection of the healthcare personnel.**

**Author(s):** Ashokka, Balakrishnan; Loh, May-Han; Tan, Cher Heng; Su, Lin Lin; Young, Barnaby Edward; Lye, David Chien; Biswas, Arijit; Illanes, Sebastian E; Choolani, Mahesh

**Source:** American journal of obstetrics and gynecology; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32283073

Available at  [American journal of obstetrics and gynecology](http://www.uhl-library.nhs.uk/directpages/lgh.html)  - from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title\_notes] : Issues before 2000 held in Archive.

Available at  [American journal of obstetrics and gynecology](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [American journal of obstetrics and gynecology](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at  [American journal of obstetrics and gynecology](https://doi.org/10.1016/j.ajog.2020.04.005)  - from Unpaywall

**Abstract:** Coronavirus disease 2019, caused by the severe acute respiratory syndrome coronavirus 2, has been declared a pandemic by the World Health Organization. As the pandemic evolves rapidly, there are data emerging to suggest that pregnant women diagnosed as having coronavirus disease 2019 can have severe morbidities (up to 9%). This is in contrast to earlier data that showed good maternal and neonatal outcomes. Clinical manifestations of coronavirus disease 2019 include features of acute respiratory illnesses. Typical radiologic findings consists of patchy infiltrates on chest radiograph and ground glass opacities on computed tomography scan of the chest. Patients who are pregnant may present with atypical features such as the absence of fever as well as leukocytosis. Confirmation of coronavirus disease 2019 is by reverse transcriptase-polymerized chain reaction from upper airway swabs. When the reverse transcriptase-polymerized chain reaction test result is negative in suspect cases, chest imaging should be considered. A pregnant woman with coronavirus disease 2019 is at the greatest risk when she is in labor, especially if she is acutely ill. We present an algorithm of care for the acutely ill parturient and guidelines for the protection of the healthcare team who is caring for the patient. Key decisions are made based on the presence of maternal and/or fetal compromise, adequacy of maternal oxygenation (SpO2 >93%) and stability of maternal blood pressure. Although vertical transmission is unlikely, there must be measures in place to prevent neonatal infections. Routine birth processes such as delayed cord clamping and skin-to-skin bonding between mother and newborn need to be revised. Considerations can be made to allow the use of screened donated breast milk from mothers who are free of coronavirus disease 2019. We present management strategies derived from best available evidence to provide guidance in caring for the high-risk and acutely ill parturient. These include protection of the healthcare workers caring for the coronavirus disease 2019 gravida, establishing a diagnosis in symptomatic cases, deciding between reverse transcriptase-polymerized chain reaction and chest imaging, and management of the unwell parturient.

**Database:** Medline

**28. ISIDOG recommendations concerning COVID-19 and pregnancy**

**Author(s):** Donders F.; Donders G.G.G.; Lonnee-Hoffmann R.; Tsiakalos A.; Mendling W.; De Oliveira J.M.; Judlin P.; Xue F.

**Source:** Diagnostics; Apr 2020; vol. 10 (no. 4)

**Publication Date:** Apr 2020

**Publication Type(s):** Review

Available at  [Diagnostics](http://europepmc.org/search?query=(DOI:10.3390/diagnostics10040243))  - from Europe PubMed Central - Open Access

Available at  [Diagnostics](https://www.mdpi.com/2075-4418/10/4/243/pdf)  - from Unpaywall

**Abstract:** Providing guidelines to health care workers during a period of rapidly evolving viral pandemic infections is not an easy task, but it is extremely necessary in order to coordinate appropriate action so that all patients will get the best possible care given the circumstances they are in. With these International Society of Infectious Disease in Obstetrics and Gynecology (ISIDOG) guidelines we aim to provide detailed information on how to diagnose and manage pregnant women living in a pandemic of COVID-19. Pregnant women need to be considered as a high-risk population for COVID-19 infection, and if suspected or proven to be infected with the virus, they require special care in order to improve their survival rate and the well-being of their babies. Both protection of healthcare workers in such specific care situations and maximal protection of mother and child are envisioned.Copyright © 2020 by the authors. Licensee MDPI, Basel, Switzerland.

**Database:** EMBASE

**29. Emergency cesarean section on severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) confirmed patient.**

**Author(s):** Lee, Dong Hwan; Lee, Jihyang; Kim, Eunju; Woo, Kyeongyoon; Park, Hak Youle; An, Jihyun

**Source:** Korean journal of anesthesiology; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32229802

Available at  [Korean journal of anesthesiology](http://europepmc.org/search?query=(DOI:10.4097/kja.20116))  - from Europe PubMed Central - Open Access

Available at  [Korean journal of anesthesiology](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Korean journal of anesthesiology](http://ekja.org/upload/pdf/kja-20116.pdf)  - from Unpaywall

**Abstract:** BackgroundSince the first case of severe acute respiratory syndrome Coronavirus-2 (SARS-CoV-2) occurred in Wuhan in December 2019, the virus has spread globally. The World Health Organization declared the virus outbreak a pandemic on March 11, 2020. On January 19, 2020, a 35-year-old woman who returned from China was confirmed as the first SARS-CoV-2 infected case in Korea. Since then, it has spread all over Korea.CaseWe report the first case of a SARS-CoV-2 positive woman delivering a baby through cesarean section at 37+6 weeks of pregnancy in the Republic of Korea.ConclusionsThis case suggested that negative pressure operating room, skillful medical team, and enhanced personal protective equipment including N95 masks, surgical cap, double gown, double gloves, shoe covers, and powered air-purifying respirator are required at the hospital for safe delivery in such a case.

**Database:** Medline

**30. Emergency cesarean section in an epidemic of the middle east respiratory syndrome: a case report.**

**Author(s):** Park, Mi Hye; Kim, Hee Ryun; Choi, Duck Hwan; Sung, Ji Hee; Kim, Jong Hwa

**Source:** Korean journal of anesthesiology; Jun 2016; vol. 69 (no. 3); p. 287-291

**Publication Date:** Jun 2016

**Publication Type(s):** Journal Article

**PubMedID:** 27274377

Available at  [Korean journal of anesthesiology](http://europepmc.org/search?query=(DOI:10.4097/kjae.2016.69.3.287))  - from Europe PubMed Central - Open Access

Available at  [Korean journal of anesthesiology](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html)  - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at  [Korean journal of anesthesiology](http://ekja.org/upload/pdf/kjae-69-287.pdf)  - from Unpaywall

**Abstract:** Only a few reports have been published on women with an infectious respiratory viral pathogen, such as Middle East Respiratory Syndrome (MERS) Coronavirus delivering a baby. A laboratory confirmed case of MERS was reported during a MERS outbreak in the Republic of Korea in a woman at gestational week 35 + 4. She recovered, and delivered a healthy baby by emergency cesarean section (C-sec). We present the clinical course and the emergency C-sec in a pregnant woman with MERS.

**Database:** Medline

Strategy 868773

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| **#** | **Database** | **Search term** | **Results** |
| 1 | Medline | (coronavir\*).ti,ab | 18126 |
| 2 | Medline | (corona ADJ vir\*).ti,ab | 503 |
| 3 | Medline | (covid-19).ti,ab | 16425 |
| 4 | Medline | (sars-cov\*).ti,ab | 6901 |
| 5 | Medline | (wuhan ADJ2 corona\*).ti,ab | 71 |
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| 8 | Medline | (cv19 OR cv-19).ti,ab | 66 |
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| 10 | Medline | (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9) | 38402 |
| 11 | Medline | "ANESTHESIA, OBSTETRICAL"/ | 12979 |
| 12 | Medline | (obstetric\* ADJ3 an?esthesi\*).ti,ab | 2896 |
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| 14 | Medline | (10 AND 13) | 8 |
| 15 | Medline | exp "CESAREAN SECTION"/ OR (cesarea\* OR caesarea\* OR cesaria\* OR caesaria\*) | 73909 |
| 16 | Medline | ("ANESTHESIA, SPINAL"/ AND exp "ANESTHESIA, EPIDURAL"/) OR ("combined spinal" ADJ1 epidural\*) | 3247 |
| 17 | Medline | (15 AND 16) | 952 |
| 18 | Medline | (10 AND 17) | 1 |
| 19 | Medline | (10 AND 15) | 108 |
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| 21 | EMBASE | (corona ADJ vir\*).ti,ab | 673 |
| 22 | EMBASE | (covid-19).ti,ab | 15131 |
| 23 | EMBASE | (sars-cov\*).ti,ab | 8055 |
| 24 | EMBASE | (wuhan ADJ2 corona\*).ti,ab | 32 |
| 25 | EMBASE | (2019-nCoV).ti,ab | 574 |
| 26 | EMBASE | (cv19 OR cv-19).ti,ab | 103 |
| 27 | EMBASE | ("novel coronavirus" OR ncov OR "novel betacov" OR "novel betacoronavirus").ti,ab | 2841 |
| 28 | EMBASE | exp CORONAVIRIDAE/ OR exp "CORONAVIRIDAE INFECTION"/ | 29099 |
| 29 | EMBASE | (20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28) | 43877 |
| 30 | EMBASE | exp "OBSTETRIC ANESTHESIA"/ | 12068 |
| 31 | EMBASE | (obstetric\* ADJ3 an?esthesi\*).ti,ab | 3490 |
| 32 | EMBASE | exp "CESAREAN SECTION"/ OR (cesarea\* OR caesarea\* OR cesaria\* OR caesaria\*) | 113384 |
| 33 | EMBASE | ("ANESTHESIA, SPINAL"/ AND exp "ANESTHESIA, EPIDURAL"/) OR ("combined spinal" ADJ1 epidural\*) | 5999 |
| 34 | EMBASE | (32 AND 33) | 1937 |
| 35 | EMBASE | (30 OR 31 OR 34) | 14661 |
| 36 | EMBASE | (29 AND 35) | 17 |